



MEDI-CAL UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

www.medi-cal.ca.gov

Billing and Policy Pharmacy Bulletin 581

April 2004

Contents

Medi-Cal List of Contract Drugs	1
Anti-Hemophilic Factors Policy Update	3
Enteral Formula Benefit Clarification	4
Maximum Drug Quantity Limit Reminder	4

Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs*, *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications*.

Change, effective March 20, 2004

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
METFORMIN HYDROCHLORIDE + Tablets	500 mg	ea
	850 mg	ea
	1000 mg	ea

(NDC labeler code 00087 [Bristol-Myers Squibb Company] for **1000 mg tablets** only.)

Addition, effective April 1, 2004

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
OMEPRAZOLE MAGNESIUM Tablets, delayed-release	20 mg/42 tablet packet	ea

(NDC labeler code 37000 [Procter & Gamble Distributing Co.] only.)

Addition, effective May 1, 2004

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
ARIPIPRAZOLE Tablets	10 mg	ea
	15 mg	ea
	20 mg	ea
	30 mg	ea

+ Frequency of billing requirement.

Please see **Contract Drugs**, page 3

EDS/MEDI-CAL HOTLINES

Telephone Service Center (TSC)	1-800-541-5555
DHS Medi-Cal Fraud Hotline.....	1-800-822-6222
Border Providers	(916) 636-1200
Provider Telecommunications Network (PTN).....	1-800-786-4346

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the Department of Health Services Web site at <http://www.dhs.ca.gov>.

**MEDI-CAL FRAUD
IS AGAINST THE
LAW**

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.**

**DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222**

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (*continued*)**Changes, effective May 1, 2004**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
ALBUTEROL SULFATE		
Solution for inhalation, premixed	0.083 %	cc
	<u>1.25 mg/3 cc</u>	<u>cc</u>
	<u>0.63 mg/3 cc</u>	<u>cc</u>
BIMATOPROST		
Ophthalmic solution	0.03 %	cc
	2.5 cc	cc
	5.0 cc	cc
	<u>7.5 cc</u>	<u>cc</u>
BUPROPION HCL		
<u>Tablets, extended release</u>	<u>150 mg</u>	<u>ea</u>
	<u>300 mg</u>	<u>ea</u>
(NDC labeler code 00173 [GlaxoSmithKline] only.)		
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE		
<u>Solution for inhalation</u>	<u>0.5 mg/3.0 mg</u>	<u>3 cc</u>
		<u>cc</u>

These updates are reflected on manual replacement pages drugs cdl p1a 3, 10, 16 and 18 (Part 2), drugs cdl p1b 32 and 46 (Part 2) and drugs cdl p2 10 (Part 2).

Anti-Hemophilic Factors Policy Update

Effective for dates of service on or after June 1, 2004, Assembly Bill 1762, Section 14105.86 directs the Department of Health Services to change the policy and reimbursement methodology for blood factors. Claims with the following Anti-Hemophilic Factor (AHF) codes must be billed “By Report” and include the product’s National Drug Code (NDC).

HCPCS

<u>Code</u>	<u>Description</u>
J7190	Factor VIII (antihemophilic factor, human) per IU
J7192	Factor VIII (antihemophilic factor, recombinant) per IU
J7193	Factor IX (antihemophilic factor purified, non-recombinant) per IU
J7194	Factor IX, complex, per IU
J7195	Factor IX (antihemophilic factor, recombinant) per IU
Z5230	Recombinant factor VIIa, 1200 ug

Reimbursement will be based on the lower of the manufacturer’s Average Selling Price (ASP) plus 20 percent or the provider’s usual and customary charges.

Claims must include a valid invoice and a certification statement for each manufacturer or product name listed. The certification statement must include the NDC of the product being billed.

This update is reflected on manual replacement pages blood 2 thru 4 (Part 2) and blood hcfa 2 and 4 (part 2).

Enteral Formula Benefit Clarification

In accordance with the *California Code of Regulations*, Title 22, Section 51313.3(e)(2), prior authorization is required for infant formula to be reimbursable as an enteral nutrition supplement "...if used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food."

Providers are reminded that regular infant formula designed to meet the normal nutritional needs of healthy infants is not a Medi-Cal benefit.

Maximum Drug Quantity Limit Reminder

Providers are reminded that in accordance with the *California Code of Regulations*, Section 51313[b], dispensed drug quantities shall not exceed a 100 calendar-day supply, unless specifically exempted in the *Drugs: Contract Drugs List*.

Note: For an example of an exempted drug, please see Sodium Fluoride in the *Drugs: Contract Drugs List*
Part 1 – Prescription Drugs (S through Z).

Instructions for Manual Replacement Pages

Pharmacy (PH) Bulletin 581

April 2004

Part 2

Remove and replace: blood 1 thru 4

Remove: blood hcfa 1 thru 3

Insert: blood hcfa 1 thru 5 (*new*)

Remove and replace: drugs cdl p1a 3/4, 9/10, 15 thru 18
 drugs cdl p1b 31/32, 45/46, 51/52 *
 drugs cdl p2 9/10
 drugs cdl p4 11 thru 14 *

* Pages updated due to ongoing provider manual revisions.